#### Application Data Sheet

## Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R? Yes

Title:: GENETIC POLYMORPHISMS ASSOCIATED WITH

MYOCARDIAL INFARCTION, METHODS OF

DETECTION AND USES THEREOF

Attorney Docket Number:: CL001509

Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 01
Small Entity:: No
Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country: U

Status:: Full Capacity
Given Name:: Michele
Middle Name::

Family Name:: CARGILL

City of Residence:: San Francisco

State or Province of Residence:: CA Country of Residence:: US

Street of mailing address:: c/o Celera Genomics
45 West Gude Drive

City of mailing address:: Rockville

State or Province of mailing address:

Postal or Zip Code

of mailing address: 20850

Applicant Authority type:: Inventor Primary Citizenship Country: US

Status:: Full Capacity
Given Name:: James

Given Name::

Middle Name::

Family Name::

City of Residence::

James

J.

DEVLIN

Lafayette

State or Province of Residence:: CA Country of Residence:: US

Street of mailing address:: c/o Celera Genomics
45 West Gude Drive

City of mailing address:: Rockville

State or Province
of mailing address:

MD
Postal or Zip Code

of mailing address: 20850

MD

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name::

Olga

Middle Name:: Family Name::

IAKOUBOVA

City of Residence::

Pleasanton

State or Province of Residence::

CA

Country of Residence:: Street of mailing address::

c/o Celera Genomics 45 West Gude Drive

Rockville

City of mailing address:: State or Province

MD

of mailing address:

Postal or Zip Code of mailing address:

20850

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name::

Dov

Middle Name::

Family Name::

SHIFFMAN Palo Alto

City of Residence:: State or Province of Residence::

Country of Residence::

US

c/o Celera Genomics

Street of mailing address::

45 West Gude Drive

City of mailing address::

Rockville

State or Province

of mailing address: Postal or Zip Code

MD

of mailing address:

20850

# Correspondence Information

Correspondence

Customer Number:: 25748

Phone number:: Fax number::

240-453-3812 240-453-3084

E-mail address::

Justin.Karjala@celera.com

### Representative Information

Representative

Customer Number:

25748

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Which is a:	Non-Provisional of	60/453,135	03/10/2003
	Non-Provisional of	60/466,412	04/30/2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
			Yes

## Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

APPLERA CORPORATION

301 Merritt 7

Norwalk Connecticut

UNITED STATES OF AMERICA

06856-5435